

Physical Findings of Pennsylvania Men in the Draft

MAJOR W. G. MURDOCK

State Draft Executive for the United States Army

HARRISBURG

Reprinted from the Pennsylvania Medical Journal
November, 1919, Vol. XXIII. p. 51



Digitized by the Internet Archive
in 2015

PHYSICAL FINDINGS OF PENNSYLVANIA MEN IN THE DRAFT

MAJOR W. G. MURDOCK

State Draft Executive for the United States Army
HARRISBURG

I desire to acknowledge my appreciation of the honor of being asked to contribute at this meeting something from my observation and experience as state draft executive relative to the results of the physical examinations of registrants in this state.

Much has been written and said, and to my mind a great deal of it erroneously, about the high percentage of rejections, not only by examining physicians of draft boards, but also by medical officers at camps, of men who had been passed as physically qualified by board physicians. The first condition, if it were entirely true, would be a reflection on the manhood of the state, while the second, if it were so, would be a reflection on the ability of the physicians of Pennsylvania, where medical standards are perhaps higher than in any other commonwealth. I can truthfully say that I do not believe that either of these conditions exist in fact.

The first report of the Provost Marshal General covering the operation of the Selective Ser-

* Read by invitation at the General Meeting of the Medical Society of the State of Pennsylvania, Harrisburg Session, Sept. 24, 1919.

vice System under the first regulations, which report was published on December 20, 1917, contains on page 83 a table stating that the average ratio for the United States of the physically unfit to the total number of registrants examined was 29.11 per cent., while the ratio for the State of Pennsylvania was 46.67 per cent., the highest of any state in the Union. If these figures were correct there surely would be cause for alarm, but fortunately they are not.

In the same report, statistics are given showing the number of men accepted and rejected in detail by every local board in the state, and a tabulation of these figures will show that during this period the percentage of rejections in Pennsylvania was only 28.55 which was less than the average for the entire country.

This percentage should not be considered high as during this period, due to faulty regulations, all registrants had to be examined in sequence of order number, whether they had a good claim for exemption or not, which necessitated the examination of thousands of men who would never be placed in the army. The first physical examination regulations, known as Form 11, were neither clear nor complete, so that draft board physicians were very strict in order that men whom they examined would not be rejected at camp. Practically all boards reported that the men entrained during 1917 were physically better than those sent later, when the regulations were not so strict. During this period a large percentage of rejections at home was because of remediable defects and defects which might have been cured in childhood.

The first report of the Provost Marshal General shows that during 1917 Camp Lee and Camp Meade, to which practically all of Pennsylvania's men had been sent during that year, rejected respectively only 2.49 per cent. and 6.24 per cent. of the men arriving in camp. This was indeed a creditable showing for the examining physicians of the local boards, who worked through the intense heat of August, September and October, under regulations that were constantly being amended, and either contributing their services voluntarily or with the knowledge that they might possibly sometime receive the princely stipend of ten cents per man examined, with a maximum of \$4.00 per day.

The loyalty, devotion and sacrifices of the physicians engaged in this work was only surpassed by these same men in the fall of 1918, when, during the epidemic of influenza, overworked and worn-out though they were, they stole enough time from hours that should have been spent in rest to examine the registrants under 37 years of age in time to have Pennsylvania report the completion of this work ahead of any of the other large states.

With the end of 1917 the old method of assigning quotas to local boards on the basis of population, with credits for voluntary enlistments, was abandoned because of its evident unfairness, and registrants were divided into five classes according to the nature of the claims allowed, Class 1 consisting of those men who either filed no claims, or whose claims were denied. This method rendered the work of the

examining physicians much easier, as after classification was made only Class 1 men had to be examined physically.

Of the 820,020 registrants of June 5, 1917 (ages 21 to 31), 234,680 were finally placed in Class 1, including the 178,169 who had been sent to camp. Of these Class 1 registrants, 1.70 per cent. belonged to the remediable group, having defects which when cured would qualify them for general military service, and 6.17 per cent. were qualified for limited military service. Five per cent. of the entire 1917 registration were disqualified for any military service.

Of the 76,689 registrants of June 5, 1918 (those who had attained the age of 21 during the preceding year), 37,932 were finally placed in Class 1, including the 22,140 men who had been inducted into the service. Of these Class 1 registrants, 10.61 per cent. were qualified for limited service, and three per cent. belonged to the remediable group; 12.62 per cent. of the registrants who were examined were disqualified for military service.

Of the 18-year-old registrants of Sept. 12, 1918, 89.5 per cent. were Class 1 men in respect to dependency, industry or agriculture, and of these 95.5 per cent. were qualified for general military service, and only 4 per cent. disqualified for any service, showing that the 18-year-old registrants were better physical specimens than the older men.

From these figures it will be seen that the physical condition of the men of this state, in spite of the thousands of accidents annually in

the industrial plants, is not alarming, but it can undoubtedly be greatly improved by a proper system of health education. In many cases of rejection the registrant was not aware of any physical defect.

During the entire period of the war 226,115 men were inducted into the army, navy and marine corps from Pennsylvania through the Selective Service System; in addition another one hundred thousand, physically qualified for general service, volunteered in the various branches of the service. Of the 226,115 inducted through the Selective Service System 8.65 per cent. were rejected at camp. This is not a large percentage when we consider that regulations were constantly changing, that for weeks army surgeons were working under different rules from draft board physicians, that even limited service men would be rejected; at one time there was a difference of three inches in the required height between the regulations used at camp and those used by draft boards, resulting in the rejection of many men, especially of the Latin races. Until within a few months of the signing of the Armistice, one of the most noticeable things in connection with the administration of the draft was the apparent lack of cooperation or understanding between the office of the Surgeon General and that of the Provost Marshal General. Fortunately these differences were finally adjusted and during the latter weeks of the war a uniform understanding existed relative to physical requirements.

Under the regulations of 1918 medical advisory boards were established to pass on those cases where the local board physician was in doubt, and 67,520 of such were referred to these boards in this state.

Rejections at camp were divided into two classes, viz., those for obvious defects, and those for other defects. During the eight months following February 10, during which period the great majority of our men were sent to camp, 65.5 per cent. of camp rejections were for obvious defects, and 34.5 per cent. were for other defects. However, included in those discharged for obvious defects are enemy aliens improperly sent to camp, many cases of minor hernia which were properly sent to camp at the time and should have been corrected there, many cases of underheight and underweight, properly sent but rejected because camp surgeons were working under different regulations, and venereal cases which had not fully developed at the time of examination by the local board; so that the percentage of legitimate rejections for obvious defects was considerably less than the official figures of the Provost Marshal General will show. The largest number of rejections for obvious defects was because of deficient vision; the second largest number, because of defects of the ear; the great proportion of these cases had been referred by the local board physician to the medical advisory board, and by it pronounced qualified for military service. It is the opinion of all boards that the number of rejections at camp was much greater with the

medical advisory boards than had been the case without them, but they have justified their existence by passing a considerable number of men who were finally accepted at camp and who would probably have been rejected by local board physicians.

During this period more than 28 per cent. of rejections at camp for defects other than obvious, and more than 9.5 per cent. of the total rejections was for disease of the heart; but with regulations stating that, when systolic murmurs of the heart are fully compensated and show no evidence of impairment to the health of the registrant, he should be accepted, boards naturally and rightly sent many cases to camp where either a different interpretation was placed on the regulations or else where under the immediate severe training the case appeared worse than at the office of the board. It must be remembered that during this time the need for men was so great that intensive training had to begin immediately, and many that could have been built up were rejected because of lack of time. Another class of cases which caused a considerable number of rejections was flat feet. The failure to distinguish for a long time between hereditary and occupational flat feet caused many rejections of men who could do hard manual labor and who undoubtedly were qualified for military service. During the influenza epidemic moroseness became quite common, especially among aliens, and many of these, instead of being placed in a development camp, were rejected as mentally unfit.

The records made by the two thousand physicians in this state in the examination of registrants is unimpeachable.

The physical condition of the men of the state is not nearly so bad as one might be led to believe from many newspaper and magazine articles, but it can and should be bettered as far as possible, and the best way to accomplish this is by a system of universal training and schooling for a period of three months for 18-year old men, based not on the idea of building up a fighting machine, which has already doomed the present bills before Congress, but with the sole idea of improving the health of the individual, pointing out his defects and teaching him how to take care of them. For, after all, in case of emergency the general health of the men, not a short period of instruction in military tactics, will determine the strength of an army.